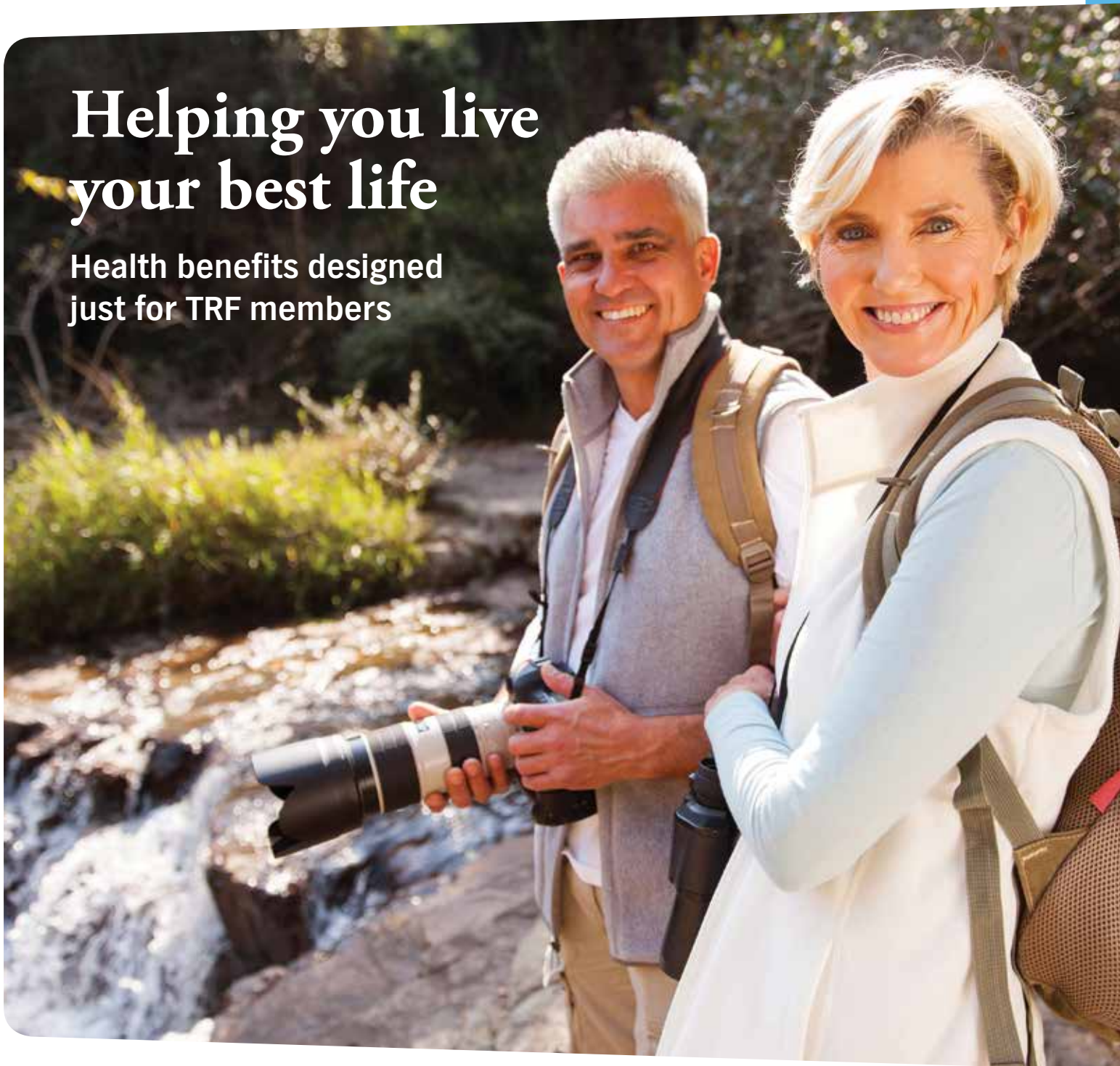




Helping you live your best life

Health benefits designed
just for TRF members



So you can enjoy your retirement

We understand you want to live to the fullest. That's why the Indiana State Teachers' Retirement Fund (TRF) and Anthem Blue Cross and Blue Shield (Anthem) bring you benefits to help you stay in your best health to do the things you love. The Anthem plan for TRF is a combination medical and vision plan designed exclusively for TRF members.

A complement to Medicare

This health plan completes your Medicare coverage by protecting you from many of the costs not covered by Medicare. Our Anthem plan for TRF is available to all TRF members and spouses who are over age 65 and enrolled in Medicare Parts A and B.





Dear Indiana Retired Teacher:

We know you want to enjoy your retirement. That's why TRF and Anthem are excited to bring you a high-quality, low-cost health plan designed just for TRF members to help you stay healthy and active.

Together with Anthem, TRF has been working hard to bring you the best health plan possible. Whether you're already a member or are joining for the first time, this guide will help you better understand this plan.

Good news! The 2017 rates will not be increased.

What you need to know:

- The plan year runs from January 1, 2017, through December 31, 2017.
- You don't need to fill out a medical questionnaire or have a physical exam to qualify.
- Your monthly payments (premiums) will automatically be taken out of your TRF pension check.
 - If your premium is more than your retirement benefits, you can pay Anthem directly or have payments automatically withdrawn from your bank account. Call an Anthem Customer Service representative at 1-866-649-2041 to help you with this.
 - If your pension deduction will include you and your spouse, the total amount will be based on each person's age when he or she gets coverage.
- This is a group health plan, not an Individual Medicare supplement plan.
- This plan does **not** include coverage for prescription drugs.
- This plan isn't a long-term care policy and doesn't cover custodial nursing home care.

Questions? Contact an Anthem Customer Service representative at 1-866-649-2041, Monday through Friday, 8 a.m. to 6 p.m. ET. You also can call TRF at 1-317-228-3772 or email TRFhelpline@resuttom.com.

Local focus, national strength

Designed just for retired teachers in Indiana like you, this health plan is backed by the strength of TRF and Anthem, which has more than 40 million members across the country and 70 years in Indiana.

A plan to keep you healthy

The Anthem plan for TRF gives you the same comprehensive coverage as the Medicare Supplement Plan F and it includes a major medical provision, plus vision benefits.

How it works

If you get care or other health care services not already covered by Medicare and the Anthem plan for TRF, your major medical provision will cover them. The major medical part of this plan has a low \$200 deductible (the amount you pay before your insurance starts to pay) for each person for the year. After that's met, the plan pays 80% of the costs allowed under this plan for most covered care.

After your 20% coinsurance amount (what you pay for care after your deductible's paid) reaches \$500, the plan pays 100% of the maximum allowable amount (the most the plan allows) for costs that are covered. This means your expense is \$700 for all covered medical costs (prescription drugs are not covered by the plan).

All charges may be reviewed by Medicare and Anthem to see if they're medically necessary. This is explained in the *Group Insurance Certificate*. You're responsible for any charges not covered by your policy.

Getting started

You're eligible for coverage **within 30 days of your retirement date or your Medicare Part A and Part B effective date**. You can also apply during the open enrollment period: November 1 through November 30, 2016. To apply during open enrollment, fill out the application in this guide and return it in the enclosed envelope no later than **November 30, 2016**.

If you're already a member, you don't need to send anything — your plan will automatically be renewed. You'll receive information on the 2018 plan year in late 2017.

Support to help you stay well

The Anthem plan for TRF makes it easy to get care when and where you need it.

24/7 NurseLine is staffed with registered nurses who are just a phone call away to answer questions about a medical concern or help you figure out what kind of care you need. You can also listen to short recordings on hundreds of health topics with the AudioHealth Library. 24/7 NurseLine is available in both English and Spanish.

You can get **discounts** on health care items, personal products and services through SpecialOffers@AnthemSM.



Integrated with Medicare

Your TRF plan works automatically with Medicare. For example, when Medicare processes your claims, the remaining covered balances are processed under your Anthem plan. When Medicare makes benefit changes, your Anthem plan will be adjusted.

Benefits that go where you do

If you travel outside of Indiana, you can relax knowing you'll be covered through the BlueCard® program.

Caring customer support

Anthem's Customer Service representatives are available Monday through Friday from 8 a.m. to 6 p.m. ET at 1-866-649-2041. You also can call TRF at 1-317-228-3772 or email TRFhelpline@resuttom.com.

Your doctor is in

There are no network restrictions or referrals needed in this plan.

Have questions?

Call Anthem Customer Service at **1-866-649-2041**
Monday through Friday, 8 a.m. to 6 p.m. ET.

Medical benefits at a glance¹

Covered services		
Part A	Medicare pays	Anthem plan for TRF pays
Inpatient hospitalization <ul style="list-style-type: none"> First 60 days Days 61 – 90 Days 91 – 150 Additional 365 days After the additional 365 days 	All but Part A deductible All but daily copay All but daily copay \$0 \$0	Part A deductible Daily copay Daily copay 100% of Medicare-approved expenses May be covered under major medical ²
Skilled nursing facility <ul style="list-style-type: none"> Days 1 – 20 Days 21 – 100 After 100 days 	100% of approved amount All but daily copay \$0	\$0 Daily copay May be covered under major medical
Hospice care <ul style="list-style-type: none"> Hospice care drugs Hospice respite care 	Medicare pays 100% All but \$5 per drug 95% for inpatient respite care	\$0 \$5 per drug 5% for inpatient respite care
Part B	Medicare pays	Anthem plan for TRF pays
<ul style="list-style-type: none"> Charges not falling under Part A Excess charges (above Medicare approved amounts) Diagnostic clinical lab Blood – first three pints Blood – after first three pints Routine checkups and screening tests 	Generally 80% after Part B deductible \$0 100% \$0 on the first three pints 100% Generally 80%	Generally 20% and Part B deductible 100% of approved excess charges \$0 100% of first three pints \$0 Generally 20%
Foreign travel	\$0	100% of usual and customary for emergency and nonemergency medically necessary services
Prescription drugs	Not covered	Not covered
Vision care plan	\$0	Vision plan included – see details in this guide

¹ This chart is a summary of benefits only. Please refer to the *Certificate* for details about benefits, maximums, limits and exclusions.

² All major medical coverage is subject to Anthem's determination of medical necessity, a \$200 annual deductible and payable at 80% of usual and customary.

Blue View VisionSM

We know vision benefits play an important role in helping you stay well so you can keep your focus on retirement. That's why Blue View Vision benefits are part of the Anthem plan for TRF. With Blue View Vision, you can get regular exams and eyewear from many different eye doctors and locations.

Eye care everywhere

Blue View Vision has a national network of providers, so you can see one near you. These include:

- Independent optometrists and ophthalmologists.
- Retail locations including 1-800 CONTACTS[®], LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical and Pearle Vision[®].

Savings are in the plan

When you see a provider in the plan, you'll get the most benefits and pay the least out of your own pocket. Plus, you won't have to deal with paperwork. Blue View Vision providers offer you discount pricing, well below retail. You'll get savings of 15% to 40% or more on most additional pairs of eyewear, conventional contact lenses, lens treatments, special lenses and other items.

Going outside the plan

If you choose to see a provider not in the plan, you'll pay right when you get the care and you'll have to submit a claim to get paid back. When you use providers who are not in the plan, you may not be covered for all of the services you get and your out-of-pocket costs may be higher.

Covered services	What you pay when you use a Blue View Vision network provider	What the plan will pay when you use a provider outside the network
Vision exam with dilation and refraction as needed	\$10 copay	Up to \$42
Covered once every 12 months		
Prescription lenses (pair) Standard plastic lenses up to 55 mm and all ranges of prescriptions	\$20 copay	
Covered once every 24 months		
<ul style="list-style-type: none"> • Single vision lenses (pair) • Bifocal lenses (pair) • Trifocal lenses (pair) 		Up to \$40 Up to \$60 Up to \$80
Frames	No copay, up to \$130 retail value	Up to \$45
Covered once every 24 months		
Contact lenses (instead of frame and lens benefits)		
Covered once every 24 months		
<ul style="list-style-type: none"> • Contact lenses (elective)* • Contact lenses (nonelective)* 	No copay, up to \$130 retail value No copay	Up to \$105 Up to \$210
Lens options	Member cost for upgrades (subject to change)	
<ul style="list-style-type: none"> • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate • Standard progressive (add-on to bifocal copayment) • Standard antireflective coating • Other add-ons and services 	\$15 \$15 \$15 \$40 \$65 \$45 20% off retail	Discounts on lens option upgrades are not available out of network.

See an eye doctor nearby Call Blue View Vision at **1-866-723-0515** to find one.

Blue View Vision exclusions and limitations

This is a primary vision care benefit and is intended to cover only eye exams and corrective eyewear. Materials and other items not covered may be purchased at discount pricing from a Blue View Vision provider. Also, your benefits can only be used while you are in the group plan and the coverage is in force:

- The vision pricing chart shows how much the plan will pay but may not cover all charges.
- The next frequency of the eligible benefits is based on the last date of service.
- The lens option discount program is for informational purposes only. It is subject to change without notice and is not included in the *Certificate of Insurance*.
- Insured members receive 20% off the balance above the plan allowance for frames and 15% off the balance for conventional contact lenses.
- See the *Certificate of Insurance* (Certificate) for definitions of elective and nonelective contact lenses.

Experimental or investigative. Any experimental or investigative services or materials.

Crime or nuclear energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

Uninsured. Services received before an insured person's effective date or after coverage ends.

Excess amounts. Any amounts above the covered vision expense.

Vision exams or tests. Any routine exams required by an employer in connection with your employment.

Work-related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the insured person does not claim those benefits.

Government treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is required by federal or state law. We will not cover payment for these services if the insured person is not required to pay for them or they are given to the insured person for free.

Services of relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

Voluntary payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

Not specifically listed. Services not specifically listed in this plan as covered services.

Private contracts. Services or supplies provided in accordance with a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Eye surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Sunglasses. Sunglasses and frames.

Safety glasses. Safety glasses and frames.

Hospital care. Inpatient or outpatient hospital vision care.

Orthoptics. Orthoptics or vision training and any related supplemental testing.

Nonprescription lenses. Any nonprescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Cosmetic options. Blended lenses/no line, oversize lenses, progressive multifocal lenses, photochromatic lenses, tinted lenses, coated lenses, cosmetic lenses or processes, and ultraviolet (UV)-protected lenses.

Lost or broken lenses or frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

Combined offers. Not combined with any offer, coupon or in-store.

ISTRF Monthly premium rates effective January 1, 2017

Age	Medical and vision rates
under 65 years*	\$167.69
65	\$133.60
66	\$142.73
67	\$152.46
68	\$161.29
69	\$168.65
70	\$172.95
71	\$176.44
72	\$180.82
73	\$184.48
74	\$188.24
75	\$194.53
76	\$200.85
77	\$207.36
78	\$210.49
79	\$211.55
80+	\$212.48

* The “under 65 years” rate is applicable only to currently enrolled members who are under age 65. The Plan can no longer accept new enrollments for members under age 65.



Health insurance application underwritten by Anthem Insurance Companies, Inc.

Please print. Please print.

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR COVERAGE FOR YOURSELF

Member last name		First name		M.I.	Date of birth Mo. Day Year		
Street address		City		State	ZIP code		
Social Security number	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	Medicare H.I.C. number		Medicare effective date Part A: ____/____/____ Part B: ____/____/____		
Home phone number ()	Email address		Date retired Mo. Year	TRF retiree number			

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR COVERAGE FOR SPOUSE

Spouse last name		First name		M.I.	Date of birth Mo. Day Year		
Street address		City		State	ZIP code		
Social Security number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medicare H.I.C. number		Medicare effective date Part A: ____/____/____ Part B: ____/____/____			
Home phone number ()	Date retired Mo. Year		TRF retiree number				

PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you or any listed dependent presently enrolled in any other type of hospital and/or medical insurance? ☐ Yes ☐ No
If yes, complete the following.

Policyholder name		Policyholder date of birth Mo. Day Year		Policyholder Social Security number			
Policy number		Employer name					
Employer street address		City		State	ZIP code		
Insurance company name				Effective date			
Insurance company street address		City		State	ZIP code		

COMPLETE THIS SECTION TO ENROLL IN THIS HEALTH PLAN AND TO AUTHORIZE PENSION DEDUCTION

I wish to enroll in the Indiana State Teachers' Retirement Fund Sponsored Anthem Group Health Plan and by completion of the following deduction authorization, do hereby authorize the Teachers' Retirement Fund to deduct from my benefit check amounts sufficient for my contribution (if any) toward premiums for group insurance for which I and my dependents (if enrolled) are or may become eligible.

Social Security number	TRF retiree number	Signature
		X

COMPLETE THIS SECTION ONLY IF YOU OR YOUR SPOUSE ARE CANCELING EXISTING ANTHEM COVERAGE

Please cancel my existing membership with Anthem Insurance Companies, Inc. on the effective date of my coverage through the Indiana State Teachers' Retirement Fund Contract. I understand that I am not eligible for this coverage if I already have any health coverage, group or individual, which will not be canceled.

Current identification number	Member signature	Date
	X	

Please cancel my existing membership with Anthem Insurance Companies, Inc. on the effective date of my coverage through the Indiana State Teachers' Retirement Fund Contract. I understand that I am not eligible for this coverage if I already have any health coverage, group or individual, which will not be canceled.

Current identification number	Spouse signature	Date
	X	

SIGNIFICANT TERMS, CONDITIONS AND AUTHORIZATIONS (TERMS)

Please read this section carefully before signing the application:

1. I may not assign any payment under my Anthem Blue Cross and Blue Shield program.
2. I am responsible to timely notify Anthem of any change that would make me or my dependent ineligible for coverage.
3. By signing this application, I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.

I acknowledge that I have read the Significant Terms, Conditions and Authorizations, and I accept such provisions as a condition of coverage. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by Anthem in accepting this application. I understand that any misstatements may result in a material change to coverage or premium rates. Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my coverage(s). I understand that this is a group health insurance product and is not a Medicare Supplement plan. I am not eligible for this coverage if I already have, or later purchase, a Medicare Supplement policy.

Member signature	Date
X	
Spouse signature	Date
X	

Thank you for choosing Anthem Blue Cross and Blue Shield.

Anthem Insurance Companies, Inc.
P.O. Box 390
Indianapolis, IN 46206-0390

OFFICE USE ONLY	Premium	Effective date

But wait, there's more

If you're interested in life insurance benefits designed just for TRF members, call **1-866-551-0315**.





INDICIA
FPO

Anthem Blue Cross and Blue Shield
P.O. Box 390
Indianapolis, IN 46206-0390

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